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ABSTRACT

A questionnaire was sent to 5000 Florida hospitals to obtain information from non-members of the Florida Nurses Association (FNA) and to compare the data with that of FNA members on questions relevant to nursing education. Among findings from the 22-item survey, 84 percent of which were returned, were that 80 percent disagreed that licensing examinations should differ for graduates from the ADN/Dip Nursing Programs and the Baccalaureate Nursing Programs (BSN), 88 percent of the respondents disagreed that plans should be made to develop and implement the BSN as the entry level for Florida, and 90 percent disagreed that the BSN degree should be the minimum entrance level for professional nursing. Other findings revealed that 90 percent disagreed that all nurses should have a BSN, and 81 percent felt that all graduates should take the same licensing exam. Comments indicated that both the associate and the baccalaureate degree programs must be revised to include more clinical experience in each curriculum. Articulation mechanisms must be created to allow any who wish to advance from nurse's aide to any higher degree without penalty and repetition of content. Appended are the survey instrument, cover letter, and a map showing the sample coverage. (Author/PHR)

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FLORIDA'S NURSES SPEAK TO EDUCATORS

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Wrong opinions and practices gradually yield to fact and argument; but facts and arguments, to produce any effect on the mind, must be brought before it.

John Stuart Mill

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FLORIDA'S NURSES SPEAK TO EDUCATORS
(abstract)

Etta S. McCulloch, Ph.D.

The purpose of this study was to provide data from a non-member sample of working nurses for the Florida Nurses Association (FNA) nursing education committee. The data were to have been compared with data from a FNA member survey. The entry into practice issue was being investigated so that a position paper could be written for consideration by the FNA House of Delegates at the 1979 convention.

The questionnaire was produced by the FNA Nursing Education Committee. Non-members considered the instrument biased and many unfavorable comments were received concerning it's defects.

A total of 5000 questionnaires were distributed. All licensed hospitals in Florida, each skilled nursing facility of over 100 bed capacity, many rehabilitation and office nurses received the instrument with a cover letter. 4213 forms, 84 percent, were returned with a great many comments. The Baccalaureate Degree entry level received little support, only one of ten agreeing with the concept.

There was also very little support for the idea of having a different state board examination for Associate Degree/Diploma graduates and Baccalaureate graduates. Comments indicated that both the Associate and Baccalaureate degree programs must be revised to include more clinical experience in each curriculum. Articulation mechanisms must be created to allow any who wish to advance from nurse aide to any higher degree without penalty and repetition of content.

August 29, 1979

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Additionally, the Practical Nursing Instructors across the State deserve a special word of thanks for taking the forms to the hospitals and encouraging the participants to respond.

Dr. Richard Ray, Health and Public Service Occupational Program Director and member of the Commissioner's Nursing Education Study/Advisory Group, deserves very special thanks. He has given generously of his time and expertise in resolving problems concerning the questionnaire, its distribution, and the use to which the findings will be put.

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FLORIDA'S NURSES SPEAK TO EDUCATORS

The turmoil and furor surrounding nursing education and the entry level preparation for professional nursing has literally been heard around the world. Adding to the clamor, four thousand two hundred of Florida's working nurses have made their opinions and beliefs known to Florida Educators, loudly and clearly. To assist the reader in understanding the complexity of the problems and issues involved, it may be helpful to briefly review some of the events which have impacted on the nursing profession in our lifetime.

World War II with its urgent need for large numbers of nurses created an acute shortage of nurses. This problem was solved in part with the creation of the Nurse Cadet Corps to train large numbers of nurses in less than the usual three years. The legitimacy of practical nursing as an integral part of nursing occurred because of the shortage. A host of new occupations emerged from formerly accepted functions such as surgical technicians, inhalation therapy technicians, intravenous therapy technicians, ward clerks, physical therapy technicians, EKG technicians, occupational therapy technicians, and more recently, monitor observer technicians, pharmacy support persons, and physicians assistants.

The Community College movement eased the advent of the Associate Degree nurse and provided the vehicle for the education of all manner of technicians. This brought the public education system into the training of nearly all health care workers.

Federal legislation amending the Social Security Act to include Medicare and Medicaid has brought about a need for a great many additional health care workers, and a host of new regulations which require that detailed records be kept. The availability of Hill-Burton funds brought medical care within the geographical reach of millions of rural semi-rural Americans. The Taft-Hartley legislation with the creation of laws governing labor organizations has State Nurse's Associations sitting at the bargaining table representing nurses. The Health Planning and

Resources Development Act has created a possibility of achieving quality health care at a reasonable cost through the development of 205 Health Systems Agencies which have the authority to regulate medical and health institutions and services (including education of all heath care workers). Presently, health care cost containment legislation is evolving and will, without doubt, impact upon nursing.

Prepaid hospital insurance and health maintenance organizations have helped create a shift from illness care to wellness care, and because of this availability, the expectations of the consumer have greatly increased. A litigation conscious public has evolved. There has been a proliferation of long term care facilities for our aging population and now the hospice movement to care for the dying in a homelike atmosphere is here. Home health care is being funded through Medicare or prepaid insurances.

The feminist movement has greatly altered the nurse-physician relationship. The role of the nurse has expanded, the nurse practitioner in many specialties has arrived along with computers and data processing procedures in the nursing station.

There has been ever increasing turmoil over the educational preparation of persons wishing to become nurses since the American Nurses Association published its "position paper" in 1965. Nursing educators and nursing service personnel hold widely divergent views of the educational preparation needed for entry into the practice of nursing.

Realization of nursing's fullest potential is contingent upon the resolution of these divergent opinions. Fortunately, there is a new worldwide social and political consciousness which has never before existed. There is, in the United States, more genuine participation of more partners and more distribution of decision making power among and between those partners than ever before. It has become increasingly important to assess the opinions and attitudes of those partners before changes are implemented. The following study merits your consideration.

OVERVIEW OF THE STUDY

The November, 1978 issue of "The Florida Nurse", official newsletter of the Florida Nurses Association, carried a questionnaire concerning several current issues in nursing which was to have been returned by each member to the Nursing Education Committee of FNA. The results of this study were intended to form the basis of a position paper for the Florida Nurses Association (FNA) House of Delegates to consider at the 1979 convention.

For each FNA member in Florida there are more than ten registered nurses who are not members of FNA. This fact, coupled with the emotional intensity of the issues involved, prompted the Health and Public Service Occupations Unit of the Department of Education to assess the opinions of this non-member group, and to compare the responses of the two populations.

Three modifications of the FNA questionnaire were made: (1) item eleven was divided for clarity; (2) since we were assessing a non FNA member sample, item 15, "District Membership" became "county of residence"; and (3) a fifth category was inserted in item 21, basic preparation, to accommodate those nurses prepared in the five year programs, masters degree. Five thousand questionnaires were distributed with a cover letter in February, 1979, to every licensed hospital in Florida and to every skilled nursing facility of 100 or more bed capacity.

The rehabilitation nurses employed by the Workmen's Compensation Division of the Florida Department of Labor, many nurses working in physician's offices, insurance companies, and other industrial nurses also received questionnaires. Most of the questionnaires were distributed by the Practical Nursing instructors, as they provided clinical instruction to their assigned students in the hospitals and nursing homes. Questionnaires were mailed to the Directors of Nursing in those hospitals and nursing homes not providing clinical experiences for students. Some questionnaires were distributed at continuing education offerings. As of May 31, 1979, 4187 forms had been returned, a return rate of 84 percent. The overriding purpose of this study was to provide all members of the nursing profession an opportunity to state their opinions concerning nursing education to the Department of Education (nursing educators) for consideration by educational policy makers.

Business Education students at the Lake County Area Vocational Technical Center in Eustis, Florida, key-punched the data from all forms returned as of March 30, 1979, a total of 3,450 questionnaires at that time. Instructions for the key punch operation had been prepared by Dr. Janice Thomas, Director of Nursing at the Mailman Child Development Center in Miami, Florida. Dr. Thomas was a member of the FNA Nursing Education Committee and the same computer program was used for both sets of data, FNA Member and Non-member. The Madison Academic Computing Center in Miami prepared the printout. The data which follows is that of the non-member sample only, which was collected by the Department of Education, a practical approach to educational accountability.

ASSUMPTIONS

Assumptions basic to this study are identified as follows:

Health care needs in Florida differ significantly from most other states because of our large population of senior citizens.

Health statistics confirm the fact that persons in the over 65 age group in our society need more "illness care" than persons in the

younger age groups. "Wellness care" is also an important need in Florida.

Policy Statements, Health Systems Agency of East Central Florida, Inc.

a) According to the World Health Organization, the health of the community should be measured as a "state of complete physical, mental and social well-being and not merely the absence of disease and infirmity". It is recognized that in order to achieve a maximum level of health the individual must take an active role in positive health activities in the areas of health promotion and prevention.

b) The primary responsibility for maintaining one's health rests with the individual. Society shares in this responsibility by making needed health services accessible.

c) Health services which provide the individual with the lowest level of care which is consistent with his needs should receive emphasis. Preventive health services as well as those services which keep the individual functioning in the home setting are prime examples.

d) The needs of the community rather than that of the individual shall be the frame of reference for the development of the health system through the community health planning process.

e) Access to health care services should be a right limited by the individuals responsibility concerning his health and the development and support of an acceptable health care system.

f) Both the consumer and the provider of health care should expect to have some of his/or her individual options limited based in part on the financial investment society as a whole has made in the health care system.

g) Alternative methods for delivering health care must be explored locally in order to address the rising cost of health care.

h) In developing recommendations for needed health system change, the development of incentives for such change, as opposed to regulation, should receive priority consideration.

i) Within the context of the health planning process the aspects of cost and quality care should not be viewed as opposing one another. Within standards for quality care, efforts should emphasize obtaining the most care for the health dollar expended through consideration of the following examples: effectiveness, efficiency, settings for and levels within which care is provided.

j) The consumer should have a primary role in the future development of the health system since he both benefits from and provides the financial support for the system.

THE POPULATION SAMPLE CHARACTERISTICS

Sex

There were 3155 female (96%) and 124 male (4%) respondents to this item. Several persons declined to answer the question, some even indicating that the questionnaire was violating their civil rights for asking.

This percentage of male licensed nurses is higher than the national (less than 2%) average. The writer considers this statistic to be an excellent plus factor for Florida where Physician's Assistants and Advanced Registered Nurse Practitioners are encouraged and legally functioning.

Where Employed

The following table indicates the percentages working in the variety of agencies.

TABLE I

	Number	Percent
Hospital	2793	83
Nursing Home	270	8
Doctor's Offices	77	2
Community Health	46	1+
Educational Institution	74	2
Other	114	3
Total	3374	99+

Clearly a much greater percent of the sample are working in hospitals and

a significantly smaller number are working in community health, educational institutions, and "other".

This may be due in part to the distribution of the questionnaires. The purpose of this study was to encourage sharing of opinions from those persons in the working world and not to elicit information from teachers at this time. As a matter of fact, approval for sending this questionnaire to teachers was not sought.

From the envelopes in which the questionnaires were returned, it has been determined that at least 96 percent of the licensed hospitals in Florida are represented in the sample.

County of Residence

Responses came from all but 12 of Florida's 67 counties - 83%. Of the non response counties, eight have no licensed hospitals, and all are rural, low density population areas.

Age Ranges

Table 2 shows the age ranges of the respondents who answered this item.

Table 2

Age Group	Number	Percent
20-29	926	27.74
30-39	884	26.48
40-49	746	22.35
50-59	602	18.03
60-69	180	5.39
Totals	3338	99.

A greater percentage of the sample were in the two younger age groupings.

It is possible that this finding has important implications for this study since such a large percentage of respondents in the sample also are working in hospitals and nursing homes.

Year of Graduation

Table 3

	Number	Percent
Year of Graduation before 1940	154	4.62
1940-49	480	14.39
1950-59	585	17.54
1960-69	708	21.23
1970-78	1408	42.22
Totals	3335	100.00

The sample had a high percentage of recent graduates which is consistent with age ranges.

Basic Preparation

Table 4 shows the basic preparation for nursing data, and table 5 shows highest degree attained.

Table 4

	Number	Percent
Practical Nursing	285	8.61
ADN	914	27.60
Diploma	1702	51.40
BSN	385	11.63
Masters	25	0.76
Totals	3311	100.00

Table 5

Highest Degree Attained	Number	Percent
High School Diploma	95	2.95
Technical School	164	5.09
ADN	853	26.49
Diploma	1472	45.71
BSN	379	11.77
Other BS	148	4.60
Masters Nursing	49	1.52
Other Masters	55	1.71
Doctorate	5	0.16
Totals	3220	100.00

The non member sample cover letter suggested that the questionnaire be distributed to "licensed nurses who are not members of FNA," thus including Licensed Practical Nurses.

In comparing the numbers in the basic preparation with the numbers in the highest degree attained one sees professional growth, particularly in the diploma group, even with the limited opportunity presently existing in Florida. There are more "other Masters" than "Masters in Nursing."

RESPONSES TO ITEMS

Respondents were asked to indicate strong disagreement, disagreement, agreement, or strong agreement with each of the opinion statements concerning licensing examinations, entry level into practice, education and performance of nurses in Florida. Frequencies and percentages were obtained for each statement and Six statements were cross-tabulated with four items from the demographic data: Age, year of graduation, basic preparation and highest degree attained. Statistical significance was set at the .05 level, using the chi square procedure. The following is an analysis of the responses received. The data tables have been collapsed so that there are now two responses, disagree or agree.

The first item on the questionnaire "Licensing examinations should differ for graduates from ADN/Diploma Nursing programs and Baccalaureate Nursing programs" was answered as follows:

Responses to Item 1, "Licensing Exams should differ"

Table 6

	Number	Percent
Disagree	2678	80
Agree	675	20
Totals	3353	100

The respondents disagreed 4:1 that licensing exams should differ.

Item 9 on the questionnaire was the reverse of item 1, "All graduates should take the same licensing examination" and responses were inversely correlated. (see table 7).

Responses to Item 9, "All graduates should take the same licensing examination"

Table 7

	Number	Percent
Disagree	649	19
Agree	2687	81
Totals	3336	100

Responses to Item 9 indicate that the respondents agree more strongly that all nurses should take the same licensing examination, just as they disagreed more strongly to Item 1, four to one.

Inverse relationship, Items 1 and 9.

Table 8

	% Disagree	% agree
Item 1 - licensing exams should differ	80	20
Item 9- licensing exams should be the same	19	81

Item 9 was cross-tabulated with several variables -- age, year of graduation, basic preparation, and highest degree earned, with highly significant results in each cross tabulation.

Responses to Item 9, "All graduates should take the same licensing exam", by age group.

Table 9

Age Group	Disagree		Agree		Total
	Number	Percent	Number	Percent	
20-29	179	19	749	81	928
30-39	155	17	733	83	888
40-49	145	20	598	80	743
50-59	127	21	471	79	598
60-69	43	24	136	76	179
	649	19	2687	81	3336

Chi Square Significance - .0000

The older the person the less they agreed that all graduates should take the same licensing examination, but the overall ratio of agreement was 4 to 1.

Responses to Item 9, "All graduates should take the same licensing exam", by year of graduation.

Table 10

Year of Graduation	Disagree		Agree		Total
	Number	Percent	Number	Percent	
Before 1940	39	25	114	75	153
1940-49	86	18	388	82	474
1950-59	111	19	475	81	586
1960-69	136	19	577	81	713
1970-79	276	20	1131	80	1407
Totals	648	19	2685	81	3333

Chi Square Significance = .0000

Responses to Item 9 "All graduates should take the same licensing exam", by basic preparation.

Table 11

	Disagree		Agree		
	Number	Percent	Number	Percent	Total
Basic Preparation					
Practical Nurse	113	40	169	60	282
ADN	129	14	786	86	915
Diploma	284	17	1418	83	1702
BSN	106	27	280	73	386
Masters	9	37.5	15	62.5	24
Totals	641	19	2668	81	3309

Chi Square Significance = .0000

Practical nurse and masters prepared agreed less heartily than the other groups.

Responses to Item 9 "All graduates should take the same licensing exam." by highest degree.

Table 12

	Disagree		Agree		Total
	Number	Percent	Number	Percent	
Highest Degree					
HS Grad.	32	33	64	67	96
Tech. School Cert.	72	44	90	56	162
ADN	113	13	739	87	852
Diploma	231	16	1244	84	1475
BSN	99	26	278	74	377
Other BS	25	17	123	83	148
MN	30	61	19	39	49
Other Masters	19	35	36	65	55
Doctorate	1	20	4	80	5
Total	622	19	2597	81	3219

Chi Square Significance = .0000

The Non member sample agreed that all nurses should take the same licensing examination 4 to 1 but probably the most important finding here is that those persons who have achieved a masters in nursing markedly disagree with the statement.

Responses to Item 2, "There is currently a shortage of BSN graduates".

Table 13

	Number	Percent
Agree	1531	48
Disagree	1671	52
Total	3202	100

In the non-member group many respondents failed to answer this question, frequently writing in the comment "don't know."

Responses to Item 7, " The necessity for a baccalaureate degree depends upon the employment setting".

Table 14

	Number	Percent
Agree	2580	77
Disagree	751	23
Totals	3331	100

The non-member group agreed 3 to 1.

Item 8, "All nurses should have a BSN" was cross-tabulated with age, year of graduation, basic nursing preparation, and highest degree attained. In the non-member sample all four variables produced significant differences in responses.

Responses to Item 8, "All nurses should have a BSN" by the age variable.

Table 15

	Disagree		Agree		Totals
Age Group	Number	Percent	Number	Percent	
20-29	806	87	120	13	926
30-39	800	90.5	84	9.5	884
40-49	688	92	58	8	746
50-59	562	93	40	7	602
60-69	152	84	28	16	180
Totals	3008	90	330	10	3338

Chi Square Significance = .0000

Those respondents in the 60-69 age group disagreed slightly less than the other groups to the statements that all nurses should have a BSN.

Responses to Item 8, "All nurses should have a BSN" by year of graduation.

Table 16

	Disagree		Agree		
Graduation Year	Number	Percent	Number	Percent	Totals
1970-78	1253	89	155	11	1408
Before 1940	127	82	27	18	154
1940-49	444	92	36	8	480
1950-59	532	91	53	9	585
1960-69	649	92	59	8	708
Totals	3005	90	330	10	3335

Chi Square Significance = .0003

The non-member group disagreed that all nurses should have a BSN 9 to 1, but those who graduated before 1940 disagreed only 5 to 1.

Responses to Item 8, "All nurses should have a BSN" by basic preparation.

Table 17

	Disagree		Agree		
	Number	Percent	Number	Percent	Total
Practical Nurse	266	93	19	7	285
ADN	846	93	68	7	914
Diploma	1574	92	128	8	1702
BSN	281	73	104	27	385
Masters	18	72	7	28	25
Total	2985	90	326	10	3311

Chi Square Significance = .0000

Each type of basic preparation disagreed with the concept that all nurses should have a BSN, ADN and Diploma at a rate of 12 to 1 but those with Baccalaureate and Masters preparation disagreed only 3 to 1.

Responses to Item 8, "All nurses should have a BSN" by highest degree.

Table 18

	Disagree		Agree		
	Number	Percent	Number	Percent	Total
Highest Degree					
H.S. Grad.	92	96	4	4	96
Tech. School	157	95	9	5	166
ADN	799	94	53	6	852
Diploma	1386	94	88	6	1474
BSN	275	73	100	27	375
Other BS	131	89	16	11	147
MN	30	62.5	18	37.5	48
Other MS	43	80	11	20	54
Doctorate	4	80	1	20	5
Total	2917	91	300	9	3217

Chi Square Significance = .0000

The non-member group disagreed 10 to 1 that all nurses should have a BSN, the masters in nursing disagreed least.

Item 6, "The BSN degree should be the minimum entrance level for professional nursing" is the question which prompted this entire study.

Responses to Item 6, "The BSN degree should be the minimum entrance level for professional nursing" by age groups.

Table 19

	Disagree		Agree		
	Number	Percent	Number	Percent	Total
20-29	819	88	111	12	930
30-39	778	88	107	12	885
40-49	687	92	57	8	744
50-59	561	94	36	6	597
60-69	156	87	24	13	180
Total	3001	90	335	10	3336

Chi Square Significance = .0000

The non-members disagreed 9 to 1 with the statement that the BSN should be the entry level into professional nursing with those in the 40-49 age group disagreeing even more, over 15 to 1! This is probably the most threatened group, those who are too young to retire but who probably have lost confidence in their ability to go back to college to earn a degree. There is pathos in this picture of these splendidly contributing members of our profession. Those in the 60-69 age group realize that 1985 will probably not adversely affect them but the fifty year old nurse is looking at the next 15 years at least.

Responses to Item 6, "The BSN degree should be the minimum entrance level for professional nursing" by year of graduation.

Table 20

	Disagree		Agree		
	Number	Percent	Number	Percent	Totals
Before 1940	131	85	23	15	154
1940-49	441	93	34	7	475
1950-59	533	92	49	8	582
1960-69	628	88	84	12	712
1970-78	1267	90	144	10	1411
Total	3000	90	334	10	3334

Chi Square Significance = .0004

There is strong disagreement from all graduation groups but most from those who graduated between 1940 and 1959.

Responses to Item 6, "The BSN degree should be the minimum entrance level for professional nursing" by basic preparation.

Table 21

	Disagree		Agree		
	Number	Percent	Number	Percent	Totals
Basic Preparation					
Practical Nursing	261	92	23	8	284
ADN	854	93	62	7	916
Diploma	1572	93	126	7	1698
BSN	279	72	109	28	388
Masters	16	67	8	33	24
Total	2982	90	328	10	3310

Chi Square Significance = .0000

Baccalaureate and Masters prepared nurses disagreed less with the BSN degree as the minimum entrance level for professional nursing, but even they disagreed 2 to 1!

Highest degree completed cross-tabulation did not yield significant differences for the non-member group.

Responses to Item 6, "The BSN degree should be the minimum entrance level for professional nursing," by highest degree.

Table 22

Highest Degree	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
H.S. Grad.	92	97	3	3	95
Tech. School	146	89	18	11	164
ADN	812	95	41	5	853
Diploma	1383	94	89	6	1472
BSN	277	73	102	27	379
Other BS	135	91	13	9	148
MN	23	47	26	53	49
Other MS	39	71	16	29	55
Doctorate	3	60	2	40	5
Total	2910	90	310	10	3220

Chi Square Significance = .1036 (not significant at .05 level)

Overall, the sample disagreed nine to one that the BSN should be the minimum entrance level for professional nursing but 53% of the nurses who had achieved a masters degree in nursing agreed that the BSN should be the minimum entrance level for professional nursing. As the degree of significance indicates, this may have been a chance happening.

Item 4 "Plans should be made to develop and implement the BSN as the entry level for Florida" was cross-tabulated with the same four variables: age, year of graduation, basic preparation, and highest degree attained. All four cross-tabulations yielded significant differences.

Responses to Item 4, "Plans should be made to develop and implement the BSN as the entry level for Florida" by age groups.

Table 23

Age Group	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
20-29	787	86	129	14	916
30-39	746	86	121	14	867
40-49	662	89	78	11	740
50-59	546	92	47	8	593
60-69	152	85	27	15	179
Total	2893	88	402	12	3295

Chi Square Significance = .0000

The non-member sample disagreed with this 7 to 1 - with the highest percentage of disagreement in the 50-59 year age group.

Responses to Item 4 "Plans should be made to develop and implement the BSN as the entry level for Florida" by year of graduation.

Table 24

Year of Graduation	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
Before 1940	129	85	23	15	152
1940-49	429	91	44	9	473
1950-59	518	90	59	10	577
1960-69	604	86	96	14	700
Total	2892	88	401	12	3293
Chi Square Significance = .0026					
1970-78	1212	87	179	13	1391

All groups disagreed, but those from 1950-69 again disagreed most. Overall disagreement was 7 to 1.

Responses to Item 4, "Plans should be made to develop and implement the BSN as the entry level for Florida" by basic preparation.

Table 25

	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
PN	252	90	28	10	280
ADN	827	91	78	9	905
Diploma	1523	91	158	9	1681
BSN	255	67	126	33	381
Masters	14	58	10	42	24
Total	2871	88	400	12	3271
Chi Square Significance = .0000					

The non-member data shows 7 to 1 overall disagreement, with the BSN and Masters prepared nurses disagreeing less.

Responses to Item 4, "Plans should be made to develop and implement the BSN as the entry level for Florida" by highest degree.

Table 26

Highest Degree	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
H.S. Grad	85	89	10	11	95
Tech. School	150	92	13	8	163
ADN	785	93	58	7	843
Diploma	1334	92	121	8	1455
BSN	251	67	123	33	374
Other BS	129	88	17	12	146
MN	23	49	24	51	47
Other MS	40	74	14	26	54
Doctorate	3	60	2	40	5
Total	2800	88	382	12	3182
Chi Square Significance = .0000					

The above responses to the statement that plans should be made to develop and implement the BSN as the entry level for Florida indicate little agreement for this concept. The data indicated very strong disagreement, overall 7 to 1 but 51% of non-members holding Masters in Nursing degrees agreed with the item.

Item 10, "ADN/Dip graduates perform as well as BSN graduates in their first job in the hospital" generated a great deal more heat than light in this survey. Hundreds of diploma graduates were insulted with the abbreviation "Dip" and said so.

Responses to Item 10

Table 27

	Number	Percent
Disagree	667	21
Agree	2558	79
Total	3225	100

Four to one.

The non-members were 4 to 1 in agreement that ADN/Dip graduates perform as well as BSN graduates in their first job in the hospital. A great many of the non-members inserted the words "Usually better" on the questionnaire. This is understandable since the BSN curriculum is probably geared to "wellness care" rather than "illness care."

Item 5, "The AD degree should be the minimum entrance level for professional nursing" was cross-tabulated with the same four variables; age, year of graduation, basic preparation and highest degree attained. Significant differences were found in each cross-tabulation.

Responses to Item 5 "The AD degree should be the minimum entrance level for professional nursing" by age groups

Table 28

	Disagree		Agree		
Age Group	Number	Percent	Number	Percent	Total
20-29	350	38	566	62	916
30-39	372	43	503	57	875
40-49	320	44	407	56	727
50-59	273	46	315	54	588
60-69	88	50	89	50	177
Total	1403	43	1880	57	3283

Chi Square Significance = .0002

Younger persons agreed more strongly than the eldest group.

Responses to Item 5, "The AD degree should be the minimum entrance level for professional nursing" by year of graduation.

Table 29

	Disagree		Agree		
Year of Graduation	Number	Percent	Number	Percent	Total
Before 1940	72	48	78	52	150
1940-49	215	46	253	54	468
1950-59	264	46	307	54	571
1960-69	317	45	381	55	698
1970-78	533	38	861	62	1394
Total	1401	43	1880	57	3281

Chi Square Significance = .0000

The newer graduates agree more strongly than the earlier graduates.

Response to Item 5, "The AD degree should be the minimum entrance level for professional nursing" by basic preparation.

Table 30

Basic Preparation	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
PN	164	59	116	41	280
ADN	265	29	643	71	908
Diploma	761	46	907	54	1668
BSN	188	50	189	50	377
Masters	11	46	13	54	24
Total	1389	43	1868	57	3257

Chi Square Significance = .0000

The PN group disagree with the statement. It is possible that in their opinion practical nursing is "professional" and should be the minimum entrance level for professional nursing, or, having felt the sting of humiliation as they tried to cope with the system, they now react negatively. Another possibility is that they honestly feel that the AD degree nurse should not be the minimum entrance level into professional nursing.

Responses to Item 5, "The AD degree should be the minimum entrance level for professional nursing" by highest degree.

Table 31

Highest Degree Attained	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
Hs. Grad	53	56	42	44	95
Tech. School	106	64	59	36	165
ADN	247	29	598	71	845
Diploma	654	45	786	55	1440
BSN	170	46	199	54	369
Other BS	53	36	94	64	147
MN	26	54	22	46	48
Other MS	28	51	27	49	55
Doctorate	2	50	2	50	4
Total	1339	42	1829	58	3168

Chi Square Significance = .0000

Again, greatest disagreement from the PN group is evident.

Item 3, "Plans should be made to develop and implement the ADN/Dip as the entry levels for Florida" was cross-tabulated with the same four variables.

In the responses, significant differences were found only in the basic preparation and highest degree completed cross-tabulations.

Responses to Item 3, "Plans should be made to develop and implement the ADN/Dip as the entry levels for Florida" cross-tabulation by age groups revealed that all groups agreed with the statement more than 2 to 1, 71% of sample.

Cross-tabulations of item 3 with year of graduation were not significant. In the sample all graduation groups agree, almost 2½ to 1, that plans should be made to develop and implement the ADN/Dip as the entry levels for Florida. Many respondents indicated that this "is presently the way things are" or "I don't understand your question."

Responses to Item 3, "Plans should be made to develop and implement the ADN/Dip as the entry levels for Florida"by basic preparation

Table 32

Basic Preparation	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
PN	122	44	156	56	278
ADN	206	24	665	76	871
Diploma	422	26	1203	74	1625
BSN	152	41	216	59	368
Masters	10	42	14	58	24
Total	912	29	2254	71	3166

Chi Square Significance = .0000

Responses to Item 3, "Plans should be made to develop and implement the ADN/Dip as entry level for Florida,"by highest degree.

Table 33

Highest Degree	Disagree Number	Disagree Percent	Agree Number	Agree Percent	Total
H. S. Grad	28	29	68	71	96
Tech. School	80	49	83	51	163
ADN	189	23	619	77	808
Diploma	351	25	1050	75	1401
BSN	142	39	221	61	363
Other BS	44	31	99	69	143
MN	27	57	20	43	47
Other MS	18	33	36	67	54
Doctorate	1	20	4	80	5
Total	880	29	2200	71	3080

Chi Square Significance = .0000

The only group disagreeing with the statement was the Masters in Nursing. A large number of persons omitted an answer to this item.

Tabulation of results of Item 11, "There is a need for more R.N. to BSN programs in Florida", resulted in 2,497 persons (77%) agreeing with the statement, while 750 persons (23%) disagreed.

Item 11A. "There is a need for more generic BSN programs in Florida received 65% agreement (1985 persons) and 35 % disagreement, (1045 persons).

Item 12 "There should be an increase of graduate programs in Florida (Masters degree in Nursing)was agreed to by 70% (2202 persons) and 30% disagreed (948 persons).

SUMMARY OF RESPONSES 4,213

OPINION QUESTIONNAIRE FOR NURSES WHO ARE NOT MEMBERS OF FLORIDA NURSES ASSOCIATION

The purpose of this questionnaire is to allow each member of the nursing profession to provide feedback to the Department of Education.

Please check the column with which you most closely identify.

	Strongly Disagree	Dis-Agree	Agree	Strongly Agree	Do not write in this space
1. Licensing examinations should differ for graduates from ADN/ Dip Nursing Programs and Baccalaureate Nursing Programs.		80%	20%		
2. There is currently a shortage of BSN degree graduates.		52%	48%		
3. Plans should be made to develop and implement the ADN/Dip as the entry levels for Florida.		29%	71%		
4. Plans should be made to develop and implement the BSN as the entry level for Florida.		88%	12%		
5. The AD degree should be the minimum entrance level for professional nursing.		42%	58%		
6. The BSN degree should be the minimum entrance level for professional nursing.		90%	10%		
7. The necessity for baccalaureate degree depends upon the employment setting.		23%	77%		
8. All nurses should have a BSN.		90%	10%		
9. All graduates should take the same licensing exam.		19%	81%		
10. ADN/Dip graduates perform as well as BSN graduates in their first job in the hospital.		21%	79%		
11. There is a need for more RN to BSN programs in Florida.		23%	77%		
11a. There is a need for more generic BSN programs in Florida.		35%	65%		
12. There should be an increase of graduate programs in Florida. (Masters Degree in Nursing).		30%	70%		

over

13. The title of the ADN/Dip graduate should be _____

14. The title of the BSN graduate should be _____

PLEASE COMPLETE THE FOLLOWING:

15. County of Residence 83% of all of Florida's 67 counties

16. Sex 96% female, 4% male

17. Age grouping:

28%	20-29	18%	50-59
26%	30-39	5%	60-69
22%	40-49		

18. School of Nursing Attended _____

19. Year of Graduation before 1940 = 5%; 1940-49 = 14%; 1950-59 = 18%; 1960-69 = 21%; 1970-78=42%

20. Where are you presently employed?

83%	Hosiptal	1+%	Community Health Agency
8%	Nursing Home	2%	Educational Institution
2%	Doctor's Office	3%	Other, Specify _____

21. What was your basic nursing preparation?

9%	Practical Nurse	12%	BSN
28%	ADN	.76%	Masters
51%	Diploma		

22. What is the highest educational degree completed?

3%	High School Graduation	12%	Bachelor of Nursing
5%	Tech School Certificate	5%	Other Baccalaureate Degree
27%	Associate Nursing Degree	2%	Master of Nursing
46%	Hospital School Diploma	2%	Other Masters Degree
		.16%	Doctorate

PLEASE RETURN QUESTIONNAIRE TO: Etta S. McCulloch, Consultant
Health and Public Service Education
400 West Robinson Street, Suite 602
Orlando, FL 32801

State of Florida
Department of Education
Tallahassee, Florida
Ralph D. Turlington, Commissioner
An equal opportunity employer

DISCUSSION

James Mill, a representative of philosophical radicalism some 200 years ago left the following pronouncement: "One of the grand objects of education should be to generate a constant and anxious concern about evidence."

Undoubtedly the most serious problem the American educational system has ever had to face is the gap between public expectations of it and its performance. This is especially true of health occupations education, where competency is the supreme evaluative criterion. The overwhelming response to this questionnaire is mute testimony to this fact. A thorough understanding of the nurses' views (attitudes, impressions, factual basis) is essential, if we are to fulfill the public trust which placed nursing education in the mainstream of education. Many hundreds of these attitudes were expressed on the survey forms returned. The following comments, representative of the total received, are submitted to you as our "constant and anxious concern about evidence."

COMMENTS FROM RESPONDENTS

Thank you for the opportunity to express my opinions. I feel that R.N.'s should all be responsible for the same body of knowledge, as judged by ability to pass the same State Boards. - Geriatric Nurse Practitioner.

I don't believe after 7 years of hospital and ICU nursing that a diploma and an associate degree nurse are in the same category. Also, I feel the questions are poorly phrased. I need to know what your definition of professional is -- an associate degree R.N. in my definition can never become a professional. However, both the associate degree and the diploma R.N. can become excellent bedside nurses with proper experience and supervision. It depends on the individual's motivation. M.N.

Diploma grads function at much higher level - AD/BSN grads function at minimal level. This questionnaire was obviously designed with a push for BSN entry level as its motivation. The grouping of AD/Dip was wrong. AD/BSN grouping would have been more in line. The nursing problem is in great danger by its failure to produce nurses capable of functioning at the front lines of nursing. I am not against higher education but we cannot survive in a profession of all chiefs and no Indians (especially when the chiefs have no idea how to perform the tasks of the Indians). I feel our efforts would be better placed if we stop trying to see who is better among ourselves and begin the big fight against our profession being given away to technicians. With cost control being such a big issue, administrators are going to look on how to cut costs and since nursing personnel costs are the highest that is where they will start first and the hiring of techs will be that first step. The Big Issue in nursing today should be to form a "closed shop" and allow only licensed professionals to provide care rather than wasting our time deciding which type of school is better and finding out that all the jobs have been given to non-professionals willing to work for less. Diploma R.N.

To Whom it May Concern: I realize that this is only a questionnaire but I have for a long time had some thoughts on this subject and I hoped that I might be able to express them. First, let me say that what kind of a nurse or how professional a nurse you are mainly, I feel, depends upon your motivation to do a good job. If you are truly motivated to give the best patient care possible, then you will learn what your nursing education may have left out. I am not

saying that all nursing programs are alike and produce the same quality of nurses. However, there are excellent nurses who come from all programs. Because there are four different types of nursing programs there is a lack of uniformity, a lack of common educational backgrounds from which to build upon. I feel this divides nurses, divides patient care and hinders professional growth for nursing. We are not united but divided. There is not an AD, BS and Diploma degree for lawyers, architects, dentists or doctors. They all have a common educational background and therein lies their strength as a professional. A possible solution to this problem is to provide one program for obtaining a nursing degree. A BS should be part of this degree because all professions have a BS requirement. Representatives of each nursing degree program should meet, pool their strengths and weaknesses and devise a nursing program. They could also devise the format for making this program easily available. This committee could also set guidelines whereby nurses with other degrees could obtain this degree based on their experience and meeting specified educational goals. Medicine is becoming more and more complex. Nurses are required to be much more knowledgable. We are a profession with a tremendous amount of responsibility and it is because of this increasing responsibility that we need to have a common educational background upon which to build. We must have a common foundation uponwhich to build to keep up with the fast pace of medical knowledge and medical responsibility. Because we are divided by education and skills it makes it difficult for us to define what nursing is, our responsibility, and to determine our educational needs for the future. BSN-1976 Grad.

I feel the "good old 3 yrs." hospital nursing program produces the best nurses. I have been in armed forces (Capt. A.N.C.) and have worked with all levels of nurses. The 3 year hospital program is still the best. Then if they desire a "B" or more for specialization - fine, but let's not lose the basic good nursing practices by insisting on degrees.

These questions are very poor and cannot reflect general nursing attitudes. Why would an intelligent young woman enter nursing at a baccalaureate level? Florida nursing is low paid, low esteem nursing. We have a shortage of nurses. If a BSN entry, not only will there be a shortage of nurses but of intelligent nurses. I am a two year grad and if I go back for a BS it will be in Business Administration - definitely <u>not</u> nursing...Furthermore, no mention of how CEU's fit into the general plan of BSN programs. The few of my AD grad nurses who are working for their degree find it a great illogical discrepancy that the courses from AD/BSN are not eligible for CEU's. Thank you for your interest, Ms. McCulloch. R.N. Head Nurse.

There remains a need for all forms of nursing education. It is my feeling that no new graduate is ready to run a floor upon graduation. However, in my 10 years of nursing I have seeen Diploma graduates be the first to reach full potential after graduation. The BSN programs need much more clinical. Reading a procedure doesn't mean you can do it, nor does writing the perfect care plan mean you can really do the care involved at the same time you care for the needs of 20 patients. It will be a great slap in the face to us Diploma Grads if no Grandfather clause is included. Do you really expect to have any nurses left if you strip us of our hard earned title? I have recently moved to Florida because of an offer to advance my position. I will leave very quickly if you strip me of my R.N. I'm working towards my BSN but I am also part bread winner, mother and wife. Being a nurse should not be the only thing to occupy my time. Another comment, I wish to make, if Diploma graduates are not granted licensure by Grandfather Clause and only ADN and BSN grads run the hospitals you will not find myself nor my family admitted

to any hospital in Florida or any state with the same regulations. Patient care is the most important goal of nursing not how many or what letters you put behind your name. P.K. - Diploma grad and very proud of it.

I would be working on a Master in Nursing but had to turn to health science since there is no school that will accept part-time enrollment.

Educational needs of RN's trying to obtain degrees are NOT being met in South Florida; especially Diploma grads developing into higher degrees.

Diploma graduate nurses are not on the same level as ADN graduate nurses. More programs should be considered with credit to DIP graduates towards BSN programs. Diploma graduates are penalized because of their program and are not given any credit for 3 years or 36 months of intense training.

No difference in title until BSN programs are made available to all RN's and provisions made to grandfather diploma graduates into BSN program.

When you have more BSN programs available for the "working" RN - then consider professional vs. technical.

History dictates "to divide is to be conquered!"

Very poor questionnaire -- worded poor, repetitive questions. I feel the health care of Florida would be done a great disservice if LPN's were no longer recognized. These nurses are a valuable asset to the health care team. If diploma school grads (not Dips) & ADN's were done away with, we would be cutting our throat. The university cannot handle the number of nurses Florida needs, and we already do not have enough nurses to meet Florida's needs!

I find your desire to lump ADN nurses with Diploma nurses difficult to relate to. In my experience these two groups are generally worlds apart in their abilities and strengths and weaknesses as new graduates and generally grow in much different ways. Yet I find a place for each and where each can function comfortably and think we do the practice of nursing a disservice in eliminating them.

I believe that Nursing Schools should provide more nursing bedside care experience to students - including BSN's - more patient contacts.

The downfall of nursing began when they started to close down 3 year diploma schools some years ago. The "science" of nursing will never replace the "art" of nursing.

I feel you in nursing who are setting the standards for nurses have lost your sense of value to the patient and the nurse as an individual. Let those who want a Degree in Nursing do so, but let the RN be an RN. Who needs an BSN or MA etc. to administer to the human body and needs? Nursing is just that - you have forgotten the basics of nursing and what a role RN plays. In administration, Director, etc. I feel needs more education for

management etc. My 28 years of nursing would shock most of today's nurses. When you have a BSN tell you she has never cathed a patient, that is a shock. Don't knock us RN's. We are going to be BSN and MA survivors. Education is turning nursing into a 3 ring circus. I believe in education. The greatest response you have done for RN's is the CEU units. This is the only breakthrough in 28 years. Not demanding BSN or MA's. I'm afraid I would have to give up my license. I have no desire for BSN or MA. If I desired, I don't want the educators telling or demanding I have to have a BSN or MA to work. It's a free country as yet. Shame, shame on our organizations. They have forgotten. I have been in nursing 28 years and loved every day, year and hour. Why is it so difficult to get into a BSN program? They give you no credit for those 28 years. If 28 years and over doesn't deserve a BS then forget it. The RN by herself is the most sensible, flexible and learnable individual in the organization. Don't destroy nursing by demanding BSN etc. We love you for what you feel is right - but don't destroy nursing.

I feel the questions as asked do not reveal my feelings regarding nursing education as needed today and in the future. I do feel strongly that one level of entry into nursing practice is a must. However, I do not feel that the ADN or BSN programs as they exist today are adequate to meet the needs of the patients. Both programs have eliminated the practicum which allows the student to obtain experience necessary to function adequately in the hospital or other situation. A lot of "on the job training" is necessary in addition to orientation. I would like to see the nursing educators of the state meet with interested individuals or groups, ie., FNA, AORN, etc. to receive input and ideas and establishing a nursing program to permit the student to obtain the highest education desired in addition to being able to function in patient care at the completion of such education. A 1963 grad. ADN

I am a 61 year old Diploma graduate. Spent 1 year at St. Louis University and 9 months at Cook County Hospital School of Nursing. In other words, I put 5 years in school after high school. I did this at a very difficult time - during the depression. I feel that nurses need more education. We are the only profession who does not require a degree. Please let us update nursing. Such a wonderful profession. Other professionals would accept us as such.

Phase out ADN programs!

This will lead to organization "unions" which nurses have not wanted - even with low pay and poor hours. If this goes into effect, there aren't enough BSN's to replace the other RN's who are going to walk out, strike, and resign. Are you forgetting where nursing began - in the HOSPITAL with the diploma RN and she is responsible for teaching the BS degree nurse. As most physicians state the 3 year diploma RN is the best. Why change? Only the patient suffers from lack of nursing care, while you are arguing who has the most degrees.

Having a BSN does not make a person a better nurse. Too much emphasis is being placed on putting nurses in classroom instead of patient's bedside. If all nursing programs combined patient care with textbook teaching their graduates would be more able to relate with their patients. Too many BSN programs turn out graduates who have never been close to a patient. BSN programs also add insult to injury when they want diploma nurses to repeat most of the courses they have already taken, only because they were not taught by college professors. This is why so many diploma nurses do not try to get their BSN.

I feel that the AD Program is lacking in practical experience and that a minimum of 1 year (12 months) should be required before State Boards.

I strongly feel that AD (2 yr.) and Diploma (3 yr.) nurses should not be grouped together. You should have 3 groups - 1 AD 2. Dip, R.N. 3. BSN. In most hospitals today they all have to have a probationary period thus should all perform the same.

I very strongly feel there is a marked difference between the diploma graduate and the AD graduate. If any line of demarcation is to be drawn (for licensure or entry) this is where I feel it belongs.

All nurses should have a BSN - but you should make it easier to move from DIP to BSN. Give credit for nursing if you've passed boards with a decent score and just meet the college's prerequisites for a bachelor's degree.

ADN & BSN both perform poorly. Too little clinical experience.

Both ADN and BSN programs are lacking in clinical experience, so this is why you have division on poorly prepared practitioners. A need exists to add on a years internship strictly on clinical rotation, to both programs, thus giving hospitals or any health service the advantages of former 3 year Diploma progams. Your questionnaire does not leave room for expression of alternatives.

There is a need for more 3 year programs in hospital settings for nurses. Nurses graduating today in ADN/BSN programs are not qualified to properly care for patients. Very lacking in clinical experience.

All graduates should take the same licensing exam excepting LPN.

P.S. I am now working as a clinical instructor, have taken courses in EKG, Resp. Care, etc. and have received my CCRN. Yet the procedure for obtaining my BSN requires that I start from scratch. Why do they not give credit for my courses and experience, and why do they make it so difficult for a diploma graduate to get her BSN?

Many 3 year or 2 year nurses make better scores on state boards than BS nurses. Why should BS be recognized simply because they went to school 4 years. It isn't the time spent, it is the ability to function and comprehend. The BS nurse as now prepared is not able to function as a team leader or charge nurse when she starts. She is great on theory but cannot function in a practical manner. She does not have the practical experience and cannot set priorities or function well in emergency situations.

BSN should have enough nursing to enable them to work effectively with patients. BSN and and AD both need more clinical practice.

Titles are secondary to the structure of nursing in general. In other professions, i.e. Engineering, Administrative, Physics, etc. You are a technician until you have a BS degree. Technicians do in some instances earn more money than entry level BS Engineers, etc. but they are not considered (or evaluated) as professionals until they earn their BS degree. Nursing must take the same realistic and organized approach that other professions are currently employing in order to build sensible, vital and dynamic organizations. It took 4 years and $20,000. + to get my education and LPN's make + 1.00 less per hour than I currently make. Secretaries make more than BSRN's, I know, I've worked as one. We are long overdue for an intelligent, far-reaching structural change but it will take much wisdom to design and implement.

Questions are interesting - the grouping bothers me. Feel there are some areas to be covered regarding experience, position currently held. Delve more into the present BSN program - what are the potentials for change to meet the needs of the consumer, RN, and employers.

The questionnaires purpose is poorly defined. Many of the questions are ambiguous not to mention bias by the writer. I would hope that the intent or purpose of your next questionnaire would be more acuity defined.

Diploma students and LPN's are being discriminated. This question assumes that the BSN graduates automatically function better than ADN/DIP graduates (10). There is a need to develop local 2 + 2 programs plus encourage the acceptance of Junior College AS into the state universities. There should not be an increase of graduate programs in Florida - not at the expense of regular nursing programs. We are still short of nurses. The title of the BSN grad should be Mr. or Mrs.

It is my experience that the three year diploma nursing graduates are very superior in nursing skills and theories than the AD nurses. Therefore, I feel that the AD program should be revamped or discontinued.

My original training was the 3 year diploma program. I am aware of the original drawbacks - 1, too much in the job training, providing too much service for the hospitals, etc. However, this program has effectively produced some of the best qualified nurses in the profession with upgrading in certain areas - the hospital training - program is by far superior to the AD. The proof is that most institutions have to provide 6 week to 3 months initial orientation to the AD graduates. As a matter of fact, Winter Park Hospital M.C. was one of the first to do so in 1964 and it was the only way the new graduates would remain in hospital nursing. At the present time N. Y. State is reevaluating the continuation of the 2 year programs. It seems to me that with the least qualified:

(Nursing Ass't.
" Aides
" Attendants
Certified Aides) and all the other

ancillary personnel providing the bulk of direct patient care, there is a definite need to reevaluate nursing in every area.

The Ad degree should be the minimum entrance level for professional nursing but program modified to provide clinical experience.

A degree does not make a good nurse, experience counts. A 4 year and 2 year grad is not prepared to carry responsibility!!

It is being proven day after day in hospital after hospital the students coming out of the 2 and 4 year programs are not prepared. I would agree with a 4 year degree if more emphasis was on nursing but many of the courses that are required have nothing to do with nursing. I am a 3 year diploma grad but all my sciences were taken at a University and they pertained to the medical field. I came out of school prepared for my duties. It is being proven in the public schools they need to get back to the basics. I feel nursing education needs to get back to the basics. Prepare the graduate to assume the responsibility of the life in her hands! At this time in my career I'm tired of the 3 year diploma graduate being looked down upon because she does not have a degree. I studied 33 months and worked many long hours in the hospital for my diploma and I'm proud of it and I have never felt unprepared or unable to learn new techniques because I do not have a degree.

Refuse to answer: my thoughts are not important - plus your questions are stupid! What do you hope to prove? More paper care than patient care.

ADN/DIP graduates do not perform as well as BSN graduates in their first job in the hospital.

Diploma grads perform well above that of ADN and BSN on the first job. BSN grads perform slightly better than ADN's.

Would appreciate more specific indication of purpose/rationale for this questionnaire.

LPN's are pros too!

ADN/DIP graduates perform as well as ...better than at times.

I feel strongly about BSN not being necessary. I only need 20 hours to complete a BSN and could care less. It would do nothing to improve my nursing care! Id much rather take advanced CCU classes.

ADN do worse DIP usually do better. In 1967 BSN programs were bending over backward rebelling against "using students for service" that I feel my clinical experience was much too scanty to feel prepared to practice on graduation. I resent the fact it took me 1-2 years to feel comfortable and competent as an R.N. while diploma grads were more skilled and I believe in college programs, but with more experience plus with college getting experience I do not think it is realistic to expect every R.N. to have a BS.

Comment:

1. Why do you group ADN/DIP graduates together? The programs are vastly different in time, subjects covered and practical experience as is the BSN program. Based on this all too obvious difference it is very difficult to answer your questions apply-to ADN/DIP graduates.

2. You must realize that a diploma or a degree does not make a nurse - only experience does. You cannot put a label on performance. Until your thinking on this solidifies you will continue to muddle about with nursing education. All of the current programs have good and bad advantages - all have produced excellent to poor nurses - in 18 years I have seen a lot of graduates and they all improve with experience or they leave nursing - when it gets down to actual patient care, the judgments and decisions involved, the labels you place on us are equalized and we are all R.N.'s.

3. My educational suggestions are as follows:
   Since it now seems important that everyone have a degree, I would suggest phasing out the diploma schools and improving the ADN program. The BSN is impractical for nursing because of the time and financial factors - a four year program for all nurses cannot meet the demands of the medical profession for more nurses; a four year program is prohibitive in cost for many people; in addition there are not, and cannot be, enough BSN programs available to handle the demand. Therefore, I would reserve the BSN program for the ADN graduate who wishes to go into supervisory, administrative, or educational nursing.

   The ADN program however, must be upgraded. It must be examined from stem to stern and remolded. What courses now required could be met with equivalency testing and remedial work; what does need more intensive work; does the program need to be lengthened to 2½, 3 years; how can the students be given more actual work experience not just observation, but working with actual patients, planning and decision making.

   In short, stop putting the emphasis on the label and start putting it on nursing education.

The extra liberal Arts courses do not produce a better nurse in the BSN program. Experience with disease processes and with handling patients and the development of personal maturity produces the best nurses - Diploma, 1969

I feel that the ADN programs would be o.k. if the programs were geared more to nursing needs and job needs. The largest employers of nurses are hospitals and unless the nurses have been nursing assistants or LPN's they have very little hospital experience. Look at the State Board failures! Teach them to be nurses! Thank you for letting me say what I feel. Diploma, 1958.

Develop a level or ladder system of one level leading into the next. This will provide unity in the nursing profession, and eliminate multi special Health Care Groups spring up more than what is present. Provide a "firm" base for nursing majors to develop under - ADN/Dip to Doctorate - University of Alberta School of Nursing Diploma - other bac. degree.

The ADN/Dip programs should not exist for professional nurses. As long as they do, they should have to meet the same minimal standards. Plans should be made to develop and implement the BSN as the entry level for Florida for Professional Nursing. We need steps in nursing.

Diploma graduates have much more clinical experience than ADN/BSN, thus better prepared to function in a clinical position in their "first job" in the hospital.

Diploma grads perform better in their lst hospital jobs than either ADN/BSN graduates.

I don't feel that BSN/AD graduates do as well clinically as diploma graduates in their first job.

We still want LPN's.

Whatever happened to the 3 year diploma grad RN? This questionnaire is too biased!

As an assistant head nurse in a CCU unit I found BSN graduates to be grossly lacking in practical experience. Continuing education now. Do not intend to get BSN.

There is a shortage of qualified RN's period.

#3 and #4 -do not understand questions - not stated clearly. Entry levels for Florida - referring to what? Secondly, there are needs for all types of RN's in regards to their education, background and job situation.

Not clear as to entry levels - do you mean nurses from out-of-state?

There should be credit for nursing experience and courses taken.

Diploma graduates perform in a much superior manner. BSN graduates seem to be the worst performers. Phase out BSN programs.

#2 - Who cares about BSN - What about RN's, period.

I feel that Dip grads do better than either the 2 or 4 year grads. I feel that there should be one standard for RN's of all programs.

Where is the need for an increase of grad programs in Florida? Why is there a need? Are the established schools full?

It has been my observation that ADN graduates are inadequately prepared to assume general patient care, both technically and in practical application. BSN grads are not properly patient oriented - which after all, is our main object for existence.

Even though I answered the questionnaire, I have serious reservations about its validity as an instrument to determine the opinions of a representative sample of nurses concerning this subject. A number of nursing colleagues with whom I have discussed the matter are of the same opinion. Basically we believe that the lack of sufficient explanatory material about the proposals which have given rise to the questionnaire has made it difficult to interpret and answer many of the questions. A few pages of background information would have helped us answer the questions in a more satisfactory manner. Furthermore, some of the questions are ambiguous and others are repetitious. If none of the questionnaires sent out were accompanied by such explanatory material, I have serious doubts about the validity of the answers. With regard to questions 13 and 14, I believe that all those who have passed the same Florida State Board licensing exam (whether BSN's, ADN's, or Diploma graduates) are entitled to be known as professional Registered Nurses. Secondly, if there is to be a differentiation between the two categories of BSN and ADN - Diploma Nurses, it seems to me only fair that a "grandfather" clause should be included in the proposed changes. This clause would allow those who have been already licensed as Registered Nurses (by passing the Florida Licensing Board Exam as of a certain cut-off date) to continue to be known as professional Registered Nurses. If you could send me background information on the issues dealt with in the questionnaire, I would surely appreciate it. RN.

In answer to question #11,"there is a need for more RN to BSN programs in Fla." I do not understand the question, for you are either and RN or a BS degree nurse, so what does RN to BSN program stand for? As to #11a "There is a need for more generic BSN programs in Fla." this makes no sense to me for generic applies to pharmaceutical products, and certainly not to nurses! No. 13, the title of the ADN/Dip graduate should be as it has always been, AA for a 2 year RN grad and 3 year diploma RN and A BS degree diploma. I do not like to be called a dip nurse! I do believe the world is wrong to start abbreviating EVERYTHING! For instance, how do you think it looks on pts. records to have the initials S.O.B. (short of breath) which the doctors frequently do write; so please do not call RN's , ADN's, Dip's or BSN's! #12, the title of the BSN graduate should be: BSN graduate or BS RN. Would you please tell me the purpose of this questionnaire, and whether or not it is processed through a computer? If it is I feel there is too much computerizing in nursing and all businesses as there is. I would also like to state that I have a very

strong feeling that one reason for the division of ADN, Dip, BSN nurses is going to be a reduction in salaries, which means the ADN nurses will be on the bottom of the totum pole, if not you better believe it will in the future. I imagine the hospitals will see to that. Is there any way you can check and keep an eye on this situation, for I do not feel that it is right, and I am pretty familiar with hospitals and how they think. Why are LPN's not included in the questionnaire and some LPN's feel they are going to be excluded completely as nurses and what is to become of them they do not know. Believe me many are very worried over this situation. I would appreciate it very much if you would answer my questions for I am really confused as to what direction nursing is taken, I graduated approximately 25 years ago, and believe our world of nursing has changed so much many of the young graduates are leaving the field within five years and even becoming cocktail waitresses, since the pay scale in nursing is so ridiculously low here in Florida. Also can you possibly tell me why the salaries are so low in Florida, for it is a subject much discussed. Thank you very much for taking the time to read this lengthy letter and I would appreciate an answer. I thank you again. RN.

I am happy to see that someone is concerned about the opinions of the states nurses in regard to nursing entry status. But, at the same time, I am also concerned with the form of several questions. As an Associate Director of Nursing and a former nurse recruiter, I feel that the questions are misleading, perhaps a little biased, and therefore, do not truly reflect the feelings of the state's nurses. I am of the opinion that the questions lead to a more strongly positive or negative reaction than necessary. For example, Question 2 - Agreed, there is a shortage of BSN's, but where is the question regarding the shortage of AD/Diplomas? Perhaps it would be better stated as, "Do you feel there is a nursing shortage? of BSN's? of AD/? of Diploma grads? Question 5 - In all other instances AD's are grouped with Diploma. Nowhere is there a question to reflect the Diploma as a minimum entrance level. Question 10 - Isn't this a little misleading? You are implying that BSN's do better than AD/Dips when in reality they all function at about the same level, at least in their first job, with perhaps the Diploma being a little more clinically sure of herself, and her leadership abilities. I do not wish to appear negative about the survey, only to voice my opinion regarding them. I thank you for undertaking this monumental task. Associate Director of Nursing.

It appears to me that several items, listed below, will cause concern to registered nurses attempting to complete this questionnaire. Additionally, a bias is shown very clearly for separating registered nurses from registered nurses with BSN degrees. In some instances, it is not possible to answer a question as in #10. Among those items causing concern are: #3, because of the difference in education, training and philosophy of the two types of schools the ADN/DIP nurses should never be lumped together in this type of question. #5 & #6, A minimum entrance level? Perhaps my concept varies from yours. I presumed that you meant the minimum education, training and philosophy background required to be allowed to enter the state test pool examination for registered nurses. #10, again the lumping of ADN/DIP nurses. This question was unanswerable, as I strongly felt ADN/BSN nurses are less capable of performing adequately than are the DIP nurses. #11, What is a "generic" BSN program? I do not wish to critize your concept, in fact, I am delighted that for the first time someone is taking an interest in the way nurses feel and think. Please think of this letter as a registered nurses attempt to provide more input than was possible in a closed end questionnaire. RN.

"I feel the need to add a few words to this questionaire. I know that diploma programs are gradually being phased out and replaced by associate degree programs. I myself am a diploma graduate and it might seem for that reason that I am prejudiced in my remarks, but that is not so. I have been a director of nursing for four years, was assistant director for two years before that and held various supervisory positions prior to that position. I have observed, as one who hires nurses, that there is no comparison on the preparation of an AD and BS nurse with a diploma nurse. I am very sorry that the AD program cannot in some way provide one more year for the invaluable clinical experience that the diploma nurse received. I have had new graduates from all three programs working side by side on a unit and the diploma nurse adjusted and functioned twice as fast as did either the BS or AD nurse.

I would like to recommend that the AD program be expanded to give even six months experience, possibly on an intern basis, to better prepare these people for "grass-roots" working. I am certainly not downing BS programs for I know they are inevitable, but these girls also are lacking in actual clinical working and management which is only obtained by doing it in a hospital setting.

In reading the questions and the phraseology, I wish to make a few comments for your consideration: It appears that the Dept. of Education categorized the nurses as LPN - Diploma, AD, BS, Ms in the ascending order, if my observations are accurate. I wish to note that the Diploma students from a three year program are certainly far more capable and more qualified than those who have completed a four semester AD program (approximately 18 months), and as such should not be classified together for survey purposes. This does not make for a viable survey. In question #10, the assumption is made that the BSN graduates function better than the ADN/Dip student. I feel the 3 year diploma student is far better prepared for their first job than either the BS or the ADN since these students have the benefit of much more experience as well as a rounded nursing background. Unfortunately, these programs are all but phased out in the state. Looking at the classified section of our local newspapers, you will be aware of the great need we still have for nurses. The answer does not lie in an in an increase in BS programs as much as it does in an increase in nursing students, whether AD or diploma, who will later have access to a BS program without loss of credits for work already completed. I also see a need for more practical experience prior to graduation for the AD student as well as the BS student. Administrator Geriatric Center.

Your questionnaire arrived at a time in my life when I am most tired, angry and frustrated with nursing. There are some areas in nursing that I feel strongly about and even though I realize that you cannot solve my problems, I am going to use you for a sounding board. I will appreciate it if you will listen.

First of all, you cannot equate Diploma nurses and AD graduates, especially their first year out of school. I will not labor this point except to say that the AD graduates are unprepared, inadequate in both their knowledge of medicine and nursing skills. The internship following their graduation is a farce with the supervision and teaching of them left at this point mostly up to the Diploma and older AD nurses on the floor. I do not blame the new AD graduate for this but I do blame organization and management. The AD program is certainly expedient for getting nurses, and I use that term loosley, out into the field, but whoever said that expediency is the final answer. It is time that someone took a cold hard look at these programs, not from the standpoint of a passing grade on State Boards, but out where the action is - in hospitals - to see what they are producing.

Secondly, everyone at the top level seems so concerned with advanced eduation and upgrading the status of the professional nurse that I wonder if anyone has considered upgrading her standard of living with a few practicalities such as, contracts, salary commensurate with experience and tenure to name a few.

No matter what the altruistic tendencies that bring most nurses into the profession, many good nurses leave it for simple economic reasons. Perhaps this attitude is not an admirable one for those of us ministering to the ills of mankind, but it is a basic fact of life and after nearly 23 years in nursing I am faced with just such a problem.

I cannot help but believe that with a few incentives the professional nurse would upgrade herself, educationally and otherwise, and not necessarily because she wants to teach or administrate. Rewards for a job well done are certainly motivational. I know the argument that adults shouldn't have to be rewarded like children and I find fault with that reasoning, show me the human who doesn't feel better and produce more for a pat on the back. I am also aware of the argument for job satisfaction and while this is certainly noble, it is a moot point when you cannot support yourself adequately. Where is the job satisfaction when

you are overworked and underpaid, and as cliche as this is, it also is a fact. As Maslow has described - first you must take care of the primary and secondary, or deficiency motives of man, and when these have been satisfied the being or higher impulses come into play and we see man at his best.

Everywhere I look and listen today I hear the echo of discontent among nurses. Good ones are leaving the profession, or at least the hospital environment, for jobs with better pay and a lower frustration level. They are tired of carrying heavy patient loads and more paper work and of losing contact with the patients that they were initially trained to care for. They go home full of guilt feelings and a little frightened.

It seems to me that it is time someone up there considered the following possibilities:

1. Let's do something to keep the nurse in nursing and realize that programs for expediencies sake and higher education is not the total or final answer.
2. Realize that it does not take a BSN to have expertise in bedside nursing and while the degree nurse is certainly needed at her level, the contribution of the bedside nurse to humanity is just as valuable and should be considered so.
3. Don't overqualify the field of nursing by making a BSN mandatory and don't penalize the R.N. without her degree because she has chosen a different level of nursing by downgrading her level of the profession.
4. And last but by no means least, make the profession more attractive with some job security and a decent standard of living.

Lest it be thought after all of this that I am against more education and continuing education let me state that I am not. I am unequivocally for it, I only say that there is a false security in assuming that it will cure all of our woes.

You may well ask at this point what I myself have done over the past 23 years to convey my thoughts and feelings where it may have done some good such as actively participating in nursing associations and I have to tell you honestly - nothing. I have always pacified myself with noble thoughts about what I was doing for humanity, but as I get older and the future looms before me I realize that while youth can afford to be noble, I am at the stage in my life where I have to consider other aspects as well. This is no excuse for complacency because there really is none, but it is the only reason I have.

Thank you for listening.

Degree programs must be improved before they can be considered as entry levels for licensure in nursing. Both ADN and BSN programs offer excellent theory and very limited clinical experience. Both programs fail to screen students for organization, responsibility, adaptability, and just plain common sense. These defects in the programs must be corrected before patient care deteriorates to the point of criminal negligence. As a diploma student, thirty two years ago, I had the privilege of affiliating with students in degree programs. How I envied them! Their nursing procedures were as good as mine but they were so far superior in their bedside deportment; their communication skills and poise were outstanding; their charting was beautiful. I dreamed of the day when I could go on for a degree. Today, I have that degree, and am so ashamed of it that I have told nobody. My biggest learning experience was the insight into the confusion of the program and the lack of knowledge of councilors in guiding students. I had credits given to me and taken away from me. I attended bars in two courses instead of a final exam. I took a pornographic movie course, cross referenced as either Humanities or English. My school teacher mother taught me that people who were uneducated or unintelligent used profanity because it had such a limited vocabulary that most three year olds could master it. How can LAST TANGO IN PARIS qualify as subject material in an English course? Currently, I am nursing supervisor in an acute care hospital. Experience has taught us the vast differences in graduates of degree programs. ADN graduates seem to adopt better to hospital settings. One small example of poor judgement in one BSN program is to teach students to do a one hour nursing admission history on each admission. This may work in a social service setting but not in a hospital where patients are sick and anxious. These patients often resent probing questions into family background and life styles. These questions are received better at a later time when the nurse has established some rapport with the patient. Our daily admission rate per RN is an average of four patients who are usually admitted between 2 and 4 p.m. This would require the nurse to do her 4 hours histories in a 2 hour period. Currently, we have had one BSN graduate in orientation for 8 weeks (the normal is 3) who is being taught how to give medications by an LPN with one year's training. It is unfair to these aspiring young people to waste so many years of their life; to graduate and be told they are not qualified for hospital nursing. I wish that you could see the expressions on their faces when they are confronted with the technicalities of hospital nursing, they are lost! My overview of ADN and BSN programs is as a hospital nurse. I am sure that they do better in other types of nursing where the demands are less technical, immediate and stressful than in an acute care setting. To come full circle: When I was a student, LPN's were the least qualified in the profession. Today, I feel that they are receiving the best training, including diploma programs. They are Well Qualified for the job for which they are trained. I am not an ANA member because of their strong position to require BSN as an entry level for licensure. Thank you for your recent questionnaire, sincerely, Nurse Supervisor.

I would not hesitate to go back to school for my BS if there were courses offered to help me take better care of my patients,ie., CEU, Pulmonary, Maternity Nursing and Social Nursing. Nursing specialities - not computer nursing!

Multiply the preceding comments by ten and you will have discovered the intensity of the feelings engendered in the nursing world by the ANA position paper in 1963, the ANA resolutions of 1978, and the Florida Legislative Sunset Review activities. Do not assume that working nurses are apathetic.

Interpretation of findings and recommendations

This group of nurses who are not members of FNA (4,213 persons) have spoken, loudly and clearly, to the Department of Education. Interpreting these data, one sees implications, not only for educators but also for legislators. These working nurses believe that there should be one licensing examination for ADN, Diploma and Baccalaureate degree graduates since the National Test Pool State Board examination tests only for minimum safe practice to protect the public. While the respondents did not favor the BSN as the entry level for Florida, they did indicate (3:1) that more RN to BSN programs should be made available, more generic BSN programs are needed (2:1) and more masters in nursing programs. These respondents cannot be accused of being against education. These date indicate that these nurses see the ADN and Diploma graduates performing as well as Baccalaureate Degree nurses in their first job in the hospital, and therefore the ADN should be the minimum entrance level for professional nursing.

A great many respondents indicated strong resentment to the design of the questionnaire. It would appear that working nurses mistrust nursing organizations and/or nursing educators and see the leadership in nursing coming from these persons who are out of touch with the reality of the workplace.

Hundreds of comments, in addition to those presented, decry the lack of clinical experience in the Associate and Baccalaureate degree programs. It is simply no longer rational for educators to attempt to defend the present curricula. A wiser course of action would be to find ways and means to include some type of internship or practicum with the student under the supervision of a school faculty member. Legitimizing nursing practice as an integral part of faculty role is essential to strengthen profession relationships between nursing service personnel and nursing educators, and sustained clinical experience is the very essence of nursing education.

Additional 2+2 baccalaureate programs need to be established as well as more Masters in nursing programs. The Federal Register of June 13, 1979 published, for comment, eight priorities of a long range master plan based on the mission of the Bureau of Occupational and Adult Education. The third priority follows:

> "3. Program Availability and Accessibility - Emphasis: Adults - Currently there are barriers existing which limit the accessibility to vocational education for those who need or desire it - barriers in terms of facilities, equipment, out-reach, and support services. For example, programs are often restricted to the schoolhouse when many could be successfully operated at the workplace. In addition, alternatives must be increased for encouraging adults to participate in upgrading and retraining courses. Federal, State, and local barriers limiting access to programs must be identified and eliminated."

The Massachusetts Department of Education has issued a degree granting charter to it s famous Massachusetts General Hospital and several Baccalaureate and Masters degree programs have been started in this " workplace". Should we, in Florida, not critically examine this innovation? We have several excellent medical centers where Baccalaureate and Masters programs could be established in a cost effective manner. Nurse Practitioners prepared in such settings would have less apprehension concerning the quality of primary care they could render.

Ways must also be found to ease the articulation problems of graduates of all our nursing programs, from nurse assistant through all higher degrees in nursing. Implementation of competency based individualized instruction and the external degree must be considered.

Accountability for setting priorities and meeting the educational needs of all segments of society in the most cost effective manner is the mission of the Department of Education. The public is demanding that all learning be recognized and built upon rather than be considered as a barrier to admission to the next higher rung on the ladder or lattice.

Planning for this articulation, from a managerial standpoint, has as its chief purpose the production of a more surprise-free future than might otherwise occur.

> Common sense does not ask an impossible chessboard, but takes the one before it and plays the game.
>
> WENDELL PHILLIPS

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Appendix I

RALPH D. TURLINGTON
COMMISSIONER

STATE OF FLORIDA
DEPARTMENT OF EDUCATION
TALLAHASSEE 32304

400 West Robinson
Suite 602
Orlando, Fl 32801

January 10, 1979

TO: Agencies Employing Licensed Nurses

FROM: Health and Public Service Occupational Unit

SUBJECT: Entry Level Into Nursing

The purpose of this questionnaire is to provide non-members of the F.N.A. who are licensed nurses an opportunity to voice their opinions about the entry level into professional nursing.

F.N.A. members have received this same questionnaire and should have already responded. One item, number eleven, has been divided for clarity.

The Department of Education wishes to serve the needs of all persons in the profession, and providing them with an opportunity to express their opinion is the first step.

In order to cut down costs, we are requesting that you distribute the questionnaire to the members of your staff and encourage each person to return it as directed as soon as possible. Hopefully, this will not be too great a burden on anyone and will provide the Department of Education with valid information in this sensitive area of concern.

Many thanks for your past courtesies and cooperation in our endeavors and particularly, thank you for helping us in this endeavor.

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P. S. Please feel free to make as many copies of the questionnaire as you need.

an equal opportunity employer

Appendix II

OPINION QUESTIONNAIRE FOR NURSES WHO ARE NOT MEMBERS OF FLORIDA NURSES ASSOCIATION

The purpose of this questionnaire is to allow each member of the nursing profession to provide feedback to the Department of Education.

Please check the column with which you most closely identify.

	Strongly Disagree	Dis-Agree	Agree	Strongly Agree	Do not write in this space
1. Licensing examinations should differ for graduates from ADN/Dip Nursing Programs and Baccalaureate Nursing Programs.					
2. There is currently a shortage of BSN degree graduates.					
3. Plans should be made to develop and implement the ADN/Dip as the entry levels for Florida.					
4. Plans should be made to develop and implement the BSN as the entry level for Florida.					
5. The AD degree should be the minimum entrance level for professional nursing.					
6. The BSN degree should be the minimum entrance level for professional nursing.					
7. The necessity for baccalaureate degree depends upon the employment setting.					
8. All nurses should have a BSN.					
9. All graduates should take the same licensing exam.					
10. ADN/Dip graduates perform as well as BSN graduates in their first job in the hospital.					
11. There is a need for more RN to BSN programs in Florida.					
11a. There is a need for more generic BSN programs in Florida.					
12. There should be an increase of graduate programs in Florida. (Masters Degree in Nursing).					

over

13. The title of the ADN/Dip graduate should be _____

14. The title of the BSN graduate should be _____

PLEASE COMPLETE THE FOLLOWING:

15. County of Residence _____

16. Sex _____

17. Age grouping:

_____ 20-29	_____ 50-59
_____ 30-39	_____ 60-69
_____ 40-49	

18. School of Nursing Attended _____

19. Year of Graduation _____

20. Where are you presently employed?

_____ Hosiptal	_____ Community Health Agency
_____ Nursing Home	_____ Educational Institution
_____ Doctor's Office	_____ Other, Specify _____

21. What was your basic nursing preparation?

_____ Practical Nurse	_____ BSN
_____ ADN	_____ Masters
_____ Diploma	

22. What is the highest educational degree completed?

_____ High School Graduation	_____ Bachelor of Nursing
_____ Tech School Certificate	_____ Other Baccalaureate Degree
_____ Associate Nursing Degree	_____ Master of Nursing
_____ Hospital School Diploma	_____ Other Masters Degree
	_____ Doctorate

PLEASE RETURN QUESTIONNAIRE TO: Etta S. McCulloch, Consultant
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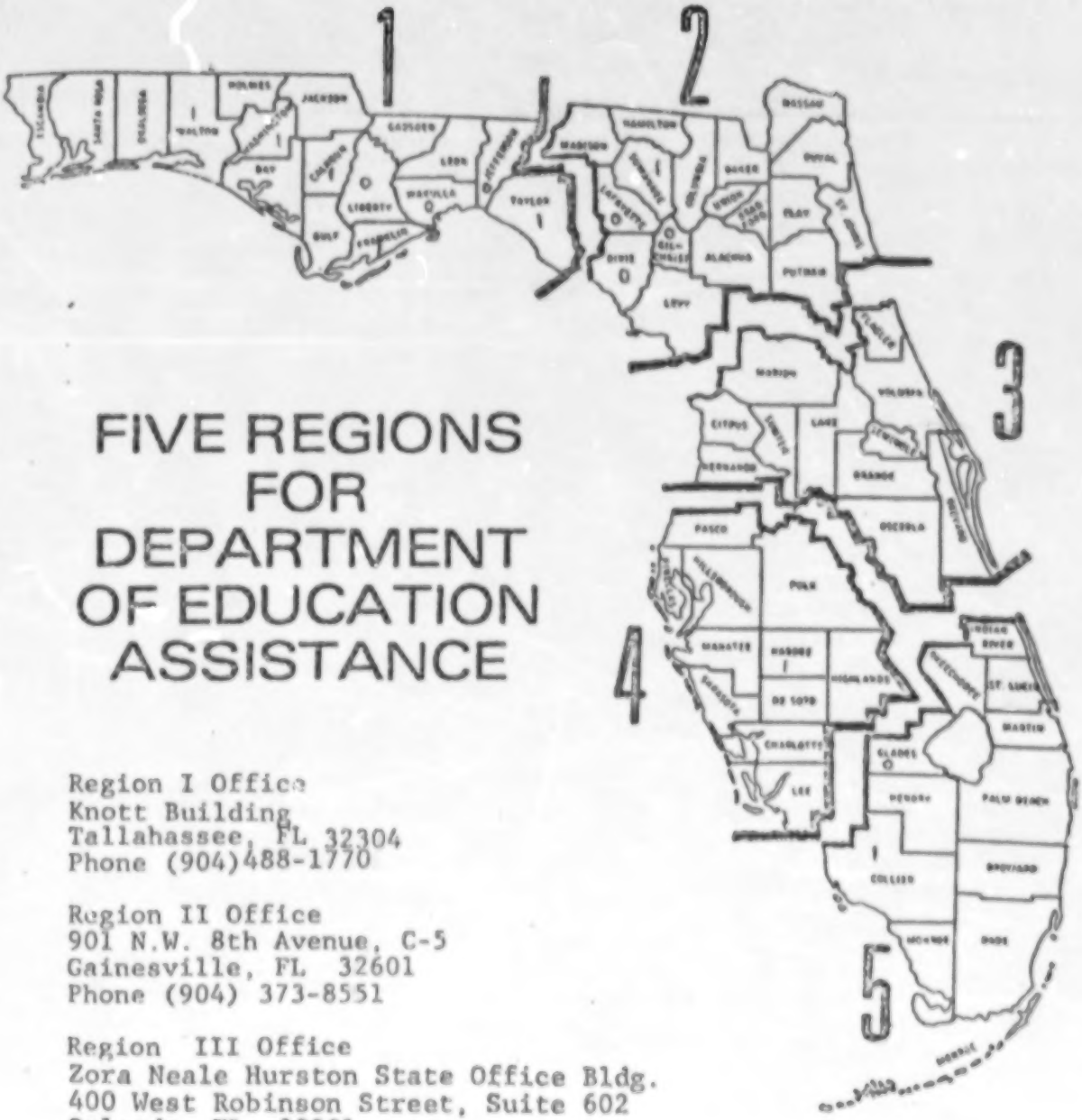

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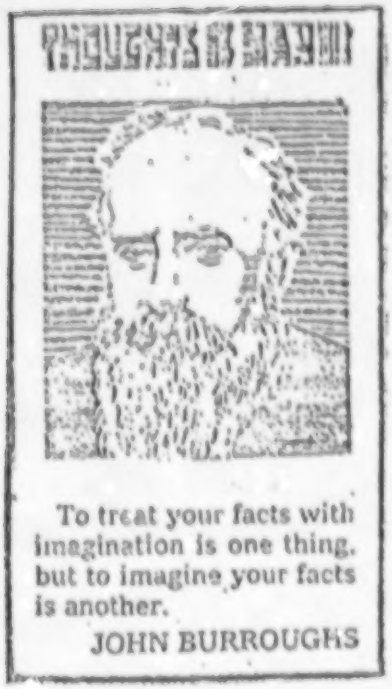

To treat your facts with imagination is one thing, but to imagine your facts is another.

JOHN BURROUGHS